### PATENT APPLICATION DATA SHEET

### **APPLICATION INFORMATION**

Application number::

Filing Date::

Application Type:

Non-Provisional

Subject Matter::

Utility

Suggested Classification::

514

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD Disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable

Form (CRF)?::

Number of copies of CRF::

Title:

AMINOCYANOPYRIDINE INHIBITORS OF

MITOGEN ACTIVATED PROTEIN KINASE-

**ACTIVATED PROTEIN KINASE-2** 

Attorney Docket Number::

18438/09039 (01115/3)

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

**Total Drawing Sheets:** 

None

Small Entity?::

No

Secrecy Order in Parent Appl.?:: No

### **INVENTOR INFORMATION**

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: R.

Family Name:: Anderson

Name Suffix::

City of Residence:: Lake St. Louis

State or Prov. of Residence:: MO

Country of Residence:: US

Street:: 2 Lodge Ct.

City:: Lake St. Louis

State or Province::

Country:: US

Postal or Zip Code:: 63367

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Nathan

Middle Name:: W.

Family Name:: Stehle

Name Suffix::

City of Residence:: Grafton

State or Prov. of Residence:: WI

Country of Residence:: US

Street:: 1335 16<sup>th</sup> Ave., #9

City:: Grafton

State or Province:: WI

US Country:: Postal or Zip Code:: 53024 Inventor Authority Type:: Inventor Primary Citizenship Country:: US Status:: **Full Capacity** Given Name:: Stephen Middle Name:: A. Family Name:: Kolodziej Name Suffix:: City of Residence:: **Ballwin** State or Prov. of Residence:: MO Country of Residence:: US Street:: 2448 Clarjon Drive City:: Ballwin State or Province:: MO US Country:: Postal or Zip Code:: 63021 **Inventor Authority Type:**: Inventor Primary Citizenship Country:: US Status:: **Full Capacity** Given Name:: **Emily** Middle Name:: J. Family Name:: Reinhard Name Suffix:: Ridgewood City of Residence:: State or Prov. of Residence:: NJ US Country of Residence::

Street::

51 John Street

City:: Ridgewood

State or Province:: NJ

Country:: US

Postal or Zip Code:: 07450

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Len

Middle Name:: F.

Family Name:: Lee

Name Suffix::

City of Residence:: St. Charles

State or Prov. of Residence:: MO

Country of Residence:: US

Street:: 2496 Annapolis Way

City:: St. Charles

State or Province:: MO

Country:: US

Postal or Zip Code:: 63303

### **CORRESPONDENCE INFORMATION**

Correspondence Customer

Number:: None

Name:: Charles E. Dunlap

Street:: P.O. Box 11070

City:: Columbia

State or Province:: SC

Postal or Zip Code:: 29211-1070

Phone number:: (864) 250-2238, (864) 250-2300

Fax number: (864) 250-2394, (864) 232-2925

E-mail address:: ced@nmrs.com

# REPRESENTATIVE INFORMATION

Representative Designation::	Registration Number::	Representative Name::
Primary	35,124	Charles E. Dunlap
Associate	42,305	S. Christopher Bauer
Associate	46,612	Julie M. Chappell
Associate	39,457	James C. Forbes
Associate	27,808	J. Timothy Keane
Associate	28,026	Robert M. Kennedy
Associate	41,898	Karen B. King
Associate	25,275	Scott J. Meyer
Associate	41,094	Richard A. Mueller
Associate	43,864	Philip B. Polster, II
Associate	47,004	Rachel A. Polster
Associate	48,180	Joseph R. Schuh
Associate	45,199	James M. Warner
Associate	39,876	Scott A. Williams
Associate	32,343	Mark C. Dukes
Associate	35,561	Neil C. Jones
Associate	35,218	Craig N. Killen
Associate	38,446	Lloyd G. Farr
Associate	43,984	Michael E. Wever
Associate	47,560	Wesley D. Few
Associate	46,730	Kyle M. Globerman
Associate	52,284	Robert S. Thomas
Associate	54,471	Chad S. Stover

## **DOMESTIC PRIORITY INFORMATION**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

Non-Provisional of 60/432,843

12/12/02

## FOREIGN PRIORITY INFORMATION

Not Applicable

### **ASSIGNMENT INFORMATION**

Assignee name::

Pharmacia Corporation

Street::

Mail Zone MC5S

575 Maryville Centre Drive

City::

St. Louis

State or Province::

MO

Country::

USA

Postal or Zip Code::

63141